UNITED STATES DEPARTMENT OF THE INTERIOR
RECOMMENDATION AND APPROVAL OF AWARDS

Agency/Bureau	Name of Employee (last, first, middle initial) or Group (attach list of participants)	
Social Security No. XXX-XX-_ _ _ _	Position Title	Pay Plan-Series/Grade/Step
Duty Station	Period Covered For Award (MM/DD/YY) From To	Cost Account Number

COMPLETE THE APPROPRIATE AWARD SECTION BELOW

MONETARY AWARD:

_____ Performance-Based Cash Award
_____ Exceptional (Level 5) Performance Rating $_____ or % _____
_____ Superior (Level 4) Performance Rating $_____ or % _____

_____ Quality Step Increase
(Exceptional (Level 5) Performance Rating Required

_____ Star (Special Thanks for Achievement) Award $_____

_____ Productivity Improvement Award $_____

_____ Invention/Patent Award $_____

NON-MONETARY AWARD:

_____ Time-Off Recognition Performance-Based _____ Non-Performance Based _____
Number of Hours: _____

_____ Non-Monetary Recognition
Cash Value of $ _____

HONOR AWARD:

_____ Distinguished Service Award
_____ Cooperative Conservation Award
_____ Meritorious Service Award
_____ Outstanding Service Award
_____ Unit Award for Excellence of Service
_____ Superior Service Award
_____ Citizen's Award for Exceptional Service Award
_____ Valor Award
_____ Citizen's Award for Bravery
_____ Exemplary Act Award

BUREAU-SPECIFIC AWARD:

Name of Award: _____

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other non-merit factors. Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C., Section 552a(b).

RECOMMENDATION AND APPROVAL

Recommending Individual (Signature)	Date	Reviewing Official (Signature)	Date
Title:		Title:	
Approving Official (Signature & Title)			Date

HONOR AWARD REVIEW APPROVAL

HR Review of Official Personnel Folder	Date	Finding
Bureau Office of Civil Rights (Signature)	Date	Finding
Department Office of Civil Rights (Signature)	Date	Finding
Office of Inspector General (Signature)	Date	Finding
Departmental Ethics Office (Signature)	Date	Finding
Office of the Solicitor (Signature) (For Non-Departmental Employees)	Date	Finding

JUSTIFICATION

Summary of Accomplishments/Contributions Being Recognized by Award

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FINANCIAL ACTION RECORD This record is to initiate payment, accounting and tax transactions for **only** non-monetary recognition of significant value.

Recipient Name: _____ Social Security Number: xxx-xx-_____

_____	_____	_____	_____	_____
Bureau	Sub-Bureau	Block	Org. Code	Cost Account

NONMONETARY RECOGNITION OF SIGNIFICANT VALUE (Date Presented: Text Field

Cash Value of Award (Hours Code 66A) _____ Net Amount)

Value Including Taxes (Cash Value divided by .55) (Hours Code 30A) _____ (Gross Amount)

Disposition of this form: Original to servicing personnel office, copy to recipient. FAX this form to the Payroll Operations Division. This fax is in lieu of original. ***DO NOT*** **SEND ORIGINAL OF THIS DOCUMENT TO PAYROLL.**

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